

FORM ACJ-135A

ALLEGHENY COUNTY PRISON

950 SECOND AVENUE
PITTSBURGH, PA 15219

INMATE'S REQUEST TO STAFF MEMBER

Replaces JBC 135 which may be used.

Complete Items Number 1-6.
If you follow instructions in preparing your request,
it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
<i>Dr. Laura Williams</i> 9/16/2020	
3. BY: (INSTITUTIONAL NAME AND NUMBER)	
<i>Michael Givyard 128748</i>	
4. WORK ASSIGNMENT	5. QUARTERS ASSIGNMENT
<i>46</i>	<i>201</i>
6. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, GIVE DETAILS	
<p>Dear Dr. Williams: Since early June I have been having severe nerve pain in my feet. I know this can be a sign of diabetes. I wrote many sick call request and was informed I would be called to the clinic to have my A1C's checked. I was also informed by a doctor on the Pod that if diabetes wasn't the source of my pain, the source would be discovered and I would be treated accordingly. I also wrote many grievances and the O.A. appeal and was told by Mr. Louis Del-Prete on 8/7/2020 if I'm not seen by next Friday to write sick call directly to him. I did twice and my medical needs have still not been met. Can you please see that I'm treated for this medical issue. Thank you for your time and attention in this matter.</p>	
<p>Sincerely <i>Michael Givyard</i></p>	

7. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO ACJ-14 CAR ONLY TO ACJ-14 CAR AND ACJ-15 IRS

STAFF MEMBER

DATE

EXHIBIT I